

City of Seat Pleasant Neighborhood & Commercial Compliance

311 68th Place, Seat Pleasant, MD 20743 Phone: (301)336-2600 Fax: (301) 336-1059

www.seatpleasantmd.gov

"HSmart City of Excellence"

Business Occupancy License Application 20____

DISCLOSURE: The annual business license fee is calculated by the total gross square footage for each address. If you utilize the lot for the storage of vehicles/equipment your business license rate will be based on the square footage of that lot. **Please fill out application in its entirety if something doesn't apply please write N/A, incomplete applications will result in denial of application and delay your Business license.** Licenses will be issued after inspection is completed and passed.

APPLICATION FOR BUSINESS LICENSE

Please fill out application in its entirety if something doesn't apply please write N/A. Incomplete applications will result in denial of application and delay your Business license.

BUSINESS INFORMATION	
☐ New ☐ Renewal If this is a renewal application	, has the ownership of the business changed since the last application?
Business Name:	EIN/DUNS #
Business owner's name:	Owner's phone:
Owner's Address:	
Business Address:	
	Cell Phone:
Email	
Emergency Contact: Name	Telephone
	Tuesday Wednesday Thursday
	y: Sunday: Restaurant □ Bar □ Grocery/Convenience □ Real Estate □ Hair/Nail
☐ Insurance ☐ Tax ☐ Ser☐ Automotive	☐ Marketing/Advertising ☐ Printing ☐ Liquor ☐ Medical/Healthcare vice ☐ Day Care ☐ Pest control ☐ Retail ☐ Laundromat ☐ Arts Related e ☐ Bakery ☐ Pet Care ☐ Hardware ☐ Dry Cleaners
	Year Business established:
Social Media: Facebook:	Twitter:
Instagram:	LinkedIn:
Other	

IDENTIFICATION

Property Owner Name	Com	ipany			
Mailing Address					
Phone	Email				
Person responsible for upkeep and mainten	nance of the int	erior of t	he property:	□ Owner	☐ Tenant
Person responsible for upkeep and mainten	nance of the ext	terior of	the property:	□ Owner	☐ Tenant
Person responsible for utilities (water/elec	tric):	wner	□ Tenant		
Person responsible for snow removal:	□ Owner	□Te	nant		
Person responsible for trash removal:	\square Owner	□Te	nant		
APPLICATION CHECKLIST					
All applicable the items MUST be provide will result in a delay of your License and are submitted, approved, and inspection	d possible fines	. No lice	enses will be is	ssued until afte	er all documents
☐ Business Trash Collection – (submit co	ntract or curren	ıt invoice	()		
☐ Prince George's County Sign Permit (if	f new sign is ins	stalled)			
☐ Applicable Licenses (day care, beauty s	salons, barber sl	hop etc.)			
☐ Copy of Prince George's County Use a	nd Occupancy	(U & O)	permit		
☐ Copy of current Prince George's Count businesses that prepare food on-site (this i ☐ State License (if applicable)	s an Annual Ins		•		nmercial
☐ Compliance with all City codes and Or	amances				

FEE CALCULATIONS

1. Business Occupa (see below fee sch	•	ss Square Feet of Spa	ace	\$
2. Late Fees: Renewal after Dead Operating without v	•	•		\$ TOTAL FEE:
0 - 1,000 1,001 - 2,000 2,001 - 3,000 3,001 - 4,000 4,001 - 5,000 5,001 - 6,000 6,001 - 7,000 7,001 - 8,000 8,001 - 9,000 9,001 - 10,000 10,001 - 11,000 11,001 - 12,000 12,001 - 13,000 13,001 - 14,000 14,001 - 15,000 15,001 - 16,000	\$285.00 \$345.00 \$405.00 \$465.00 \$525.00 \$585.00 \$645.00 \$705.00 \$765.00 \$825.00 \$885.00 \$1,005.00 \$1,065.00 \$1,125.00 \$1,185.00	16,001 - 17,000 17,001 - 18,000 18,001 - 19,000 19,001 - 20,000 20,001 - 50,000 50,001 - 75,000 75,001 - 100,000 101,000 - 125,000 125,001 - 150,000 150,001 - 200,000 200,000 & up Day Care Facility Hotel/Motels Shopping Malls	\$1,245.00 \$1,305.00 \$1,365.00 \$1,425.00 \$1,485.00 \$1,725.00 \$1,965.00 \$2,205.00 \$2,445.00 \$2,685.00 \$2,925.00 \$100.00 \$2,925.00 \$2,925.00	\$

APPLICANT SIGNATURE

I hereby certify that the information on this application is true and correct. I hereby certify that I am the business of the subject property and have received permission through a lease or have ownership to conduct business at the property. I am familiar with the applicable codes, requirements and fines of the City of Seat Pleasant. Therefore, I take full responsibility for all code compliance issues as it relates to the upkeep of the building. Further, I agree to conform to all applicable laws and ordinances of jurisdiction to the City of Seat Pleasant.

Owner/Representative's Printed Name	Title	Signature	Date

PLEASE ALLOW TWO WEEKS FOR PROCESSING YOUR REQUEST

	For Offi	cial Use Only	
Code Officer			
Inspection: ☐ Passed ☐ Fai	led Date:		
Re inspection: ☐ Passed ☐ F	Failed Date:		
License Issued:	Date_		
Signature			
Code Enforcement Supervi	sor: □ Copied		
Finance Department:] Copied		
Economic Development Director: Copied			